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FAX TRANSMISSION COVER SHEET**August 7, 2003****To:****Telephone:****Fax Number:****U.S. Patent and Trademark Office****1-703-746-7239****From:** Timothy W. Lohse
650-833-2055**Attorney Docket Number:** 1220335-991180**Re:** U.S. Patent Application:

Serial No.: 09/775,715

Filing Date: February 1, 2001

Title: AN ADAPTIVE DOCUMENT RANKING METHOD BASED ON USER
BEHAVIOR**Pages:** - 14 - (including this form) **Originals:** ☐ will be mailed ☒ will not be mailed**If there is a problem with this transmission, please call (650) 833-1548****Fax Operator/Ext.****Message:****AUG 08 2003****Attached are:**

1. Transmittal Form (1 pg);
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PTO/SB/21 (08-00)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/775,715
	Filing Date	February 1, 2001
	First Named Inventor	Mani S. Abrol et al.
	Group Art Unit	2171
	Examiner Name	Chongshan Chen
Total Number of Pages in This Submission	Attorney Docket Number	1220335-991180

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO-1449; <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Applicant) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Transmittal Form (1 pg); Response B (11p); Certificate of Facsimile Transmission (1 pg).
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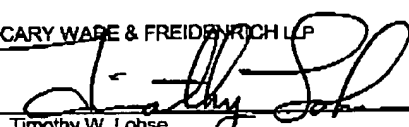
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Respectfully submitted,

GRAY CARY WARE & FREIDENRICH LLP

Dated: August 7, 2003

By:


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